STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

JAN 3 0 2019 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobi	byist(s) <u>James J. B</u>		DEPARTMENT	
II. Name of lobi	byist's partnership,	firm or corporation, if a	iny:	
	Bianco Professio	onal Association		
	(Name of partnership	firm or corporation)		
18	Centre Street	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 225-71	70	(603) 226-0165	c-mail_attys@b	iancopa.com
(Teleph	none)	(Fax	()	•
reportable expe	ense transactions wh	ich are not attributable	·	
X All reportabl	le transactions occurr	ing in the months prior to	the reporting date relative to the	ne following client:
		WeliCare Health Pla	ans, Inc.	<u>.</u>
	(Full Name of	Client as it appears on the L	obbyist Registration Form)	
	le transactions by the particular client.	lobbyist (including the lo	obbyist's family), or the lobbyir	ng firm listed below which are
IV. Date of Rep			July 25, 2018 🛚	
Reports cover:	* *	registration to 3/31/18	activity from 4/1/18 to 6/30/18	}
	October 31, activity from 7/1		January 30, 2019 🔀 activity from 10/1/18 to 12/31	//18
	cked, complete just ti		e transactions made since the Secretary of State's Office, S	
VI. Check if ad	ditional reports are	attached:		
			file Addendum A- Fees and E	xpenses
☐ If you have Expense Reimbi	•	or reimbursed expenses, y	ou must file Addendum B-Ro	eport of Honorariums or
☐ If you, your	firm, or your family	has made political contri	butions, you must file Addendo	um C- Political Contributions
I have read RSA	ent/Affirmation by L 15, RSA 15-B. RSA the best of my brow	14-C and RSA 664 and	hereby swear or affirm that the	
(Signature of la	hbyiet) // /		<u>January 30, 201</u> (Da	
(Signature of lo			(1)	····
James J. Bia				
(Print Name of	lobbyist)			